

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019186

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

595

FILED MAY 20 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
W. Martin MD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 43 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 510 Madison St.		d. STREET ADDRESS (If outside, give location) 510 Madison	
3. NAME OF DECEASED (Type or print) First ADRIAN Middle GRIFFITH Last PRESTON		4. DATE OF DEATH Month May Day 12 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/1879
9. AGE (last birthday) 83		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter & Painter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter-Painting	
11. BIRTHPLACE (City and state or country) Wayland, New York		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Adrian Griffith Preston		13b. MOTHER'S MAIDEN NAME Almira Kirshner	
14. NAME OF HUSBAND OR WIFE Mrs. Lillie Preston		Address 510 Madison St. St. Joseph, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Lillie Preston		Address 510 Madison St. St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Urinary bladder DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 5 days 1 1/2 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 31 MAR 62 to 12 MAY 63 and last saw him alive on 10 MAY 63 Death occurred at 9:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) MD	
22b. ADDRESS 706 Francis St. Joseph MO		22c. DATE SIGNED 13 MAY 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	23b. DATE 5/15/63	23c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	23d. LOCATION (City, town, or county) (State) Caldwell County Missouri
24. FUNERAL DIRECTOR [Signature] ADDRESS Home Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 14, 1963	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 5117
2 5117
3
4 0
5 1
6
7 1
8 2
9 810
10
11
12 90-0
13 1-0

Permit issued 5-14/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.